



UNITED STATES SECRET SERVICE

5K



PLEASE FILL OUT THIS FORM, SIGN IT, AND MAIL IT WITH A CHECK PAYABLE TO:

U.S. SECRET SERVICE 5K RUN
P.O. BOX 140474
IRVING, TX 75014 - 0474

LAST NAME FIRST NAME

MAILING ADDRESS

CITY STATE ZIP

DAYTIME PHONE

EMAIL ADDRESS

AGE ON RACE DATE GENDER: (CIRCLE ONE) MALE FEMALE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

T-SHIRT SIZE (CIRCLE ONE) M L XL XXL

CHECK ONE OF THE FOLLOWING:

☐ <20 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44
☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70 & UP
☐ FUN RUN/FITNESS WALK

REGISTRATION FEE: (CHECKS PAYABLE TO U.S. SECRET SERVICE 5K RUN)

EARLY REGISTRATION \$17.00 _____
(POSTMARKED BY APRIL 12TH)

REGISTRATION DAY OF EVENT \$20.00 _____

ADDITIONAL DONATION FOR AMERICAN CANCER SOCIETY _____

TOTAL FEES PAID _____

PLEASE READ AND SIGN THE FOLLOWING WAIVER:

In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims and damages I may have against the sponsors, coordination groups, Dallas County, Crescent Properties, City of Irving, and any individuals associated with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

SIGNATURE OF RUNNER DATE

PARENT'S SIGNATURE IF UNDER 18 DATE